

# APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: ☐ NEW ☐ RENEWAL							
SERVICE TYPE:  Wheelchair Transport  Stretcher Transport	<ul><li>☐ ALS Interfacility</li><li>☐ ALS Non-Transport</li><li>☐ ALS Transport</li></ul>						
TYPE OF ENTITY: Sole Proprietor Partr	nership  Non-Profit Corporation  Corporation						
ORGANIZATION NAME:	HOURS OF OPERATION:   ☑24-HOUR						
Rocky Mountain Holdings, LLC DBA Bayflite	A.M. to □A.M. / □P.M.						
ADDRESS 1:	PHONE:						
5500 Quebec Street	303-792-7400						
ADDRESS 2:	FAX:						
CITY, STATE, ZIP CODE:							
Greenwood Village, CO 80111							
OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:						
See Attached							
VICE OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:						
See Attached							
BUSINESS HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:						
James Berg - Area Manager	610-248-9758 james.berg@airmethods.com						
AFTER HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:						
James Berg - Area Manager	610-248-9758 james.berg@airmethods.com						
Incorporation, Certification of Fictitious Name (d.b.a) if	ification Form, Vehicle Roster(s), Driver Roster(s), Certificate of applicable, Insurance Verification for the highest level of service ew applications per County Driver Certification Requirements.						
	firm, do hereby acknowledge this certificate may be suspended or quirements of the Pinellas County Code or Rules and Regulations.						
SIGNATURE OF APPLICANT:	09/19/25						
STATE OF FLORIDA							
COUNTY OF Hills borough							
Subscribed and sworn to (or affirmed) before me this 9/11/25 by Trioff Kinsey, who							
is/are personally known to me or has/have produced _	as identification.						
(SEAL)  TRISTYN KINSEY Notary Public State of Florida Comm# HH688918 Expires 6/17/2029	(Name of Notary typed, printed or Form stamped)						
Form A. Rev. 02/06/2017	(Name of Notary typed, printed of Form stamped)						

## Rocky Mountain Holdings, LLC

Officers	Title	Address	Phone
Robert Hamilton	President	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Jonathan Cook	Vice President	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Christopher Brady	Secretary	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Mark Smolenski	CFO and Treasurer	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Patricia Kloehn	Vice President and Chief Revenue Officer	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400



# Helicopter Roster 2025

Name of Service: Bay	vflite	Date: 9/19/25	Page: 1	of 1	

\*You may use this form or attach a company roster.

Aircraft	Model	FAA License #
Airbus - Eurocopter	EC135P2+ 2008	N163BF
Airbus - Eurocopter	EC135P2+ 2008	N527BF
Airbus - Eurocopter	EC135P2 2004	N912BF

Form C Revised ALS/10/08

## 2025 Air Methods Flight Personnel

Name	Position	EMTP License #	EXP	RN License #	EXP
GILLIS, BEKAH	FLIGHT NURSE			RN9506227	7/31/2026
CHESTER,DEAN	FLIGHT PARAMEDIC	PMD6372	12/1/2026		
COOK,RYAN	FLIGHT NURSE	PMD537996	12/1/2026	RN9353120	7/31/2026
KELLUM, EMILY	FLIGHT NURSE			RN9449942	7/31/2026
SMITH,MICHELLE	FLIGHT NURSE			RN9171701	7/31/2026
YOUNG, PAMELA	FLIGHT NURSE			RN9326903	4/30/2027
SANDERS, CHERYL	FLIGHT NURSE			RN9294562	4/30/2027
EVERSON, JAMES	FLIGHT PARAMEDIC	PMD523470	12/1/2026		
FETTERMAN,SCOTT	FLIGHT PARAMEDIC	PMD514798	12/1/2026	RN9477091	4/30/2027
FISHER,CY	FLIGHT PARAMEDIC	PMD540991	12/1/2026	RN9638904	04/30/2027
FRY,WILLIAM J	FLIGHT PARAMEDIC	PMD18919	12/1/2026		
GONZALEZ,TAMMY M	FLIGHT NURSE	PMD10824	12/1/2026	RN2003972	4/30/2026
MATTINGLEY, STEVE	FLIGHT PARAMEDIC	PMD536971	12/1/2026		
WEBSTER, JOSHUA	FLIGHT PARAMEDIC	PMD526658	12/1/2026		
SOX, MATTHEW	FLIGHT PARAMEDIC	PMD519304	12/1/2026		
MONTE, ALEXANDER	FLIGHT NURSE	PMD17153	12/1/2026	RN9243694	4/30/2027
PEREA, AMY	FLIGHT NURSE	PMD531748	12/1/2026	RN9217210	4/30/2026
REID,KATHRYN	FLIGHT NURSE	PMD511720	12/1/2026	RN9223603	7/31/2026
RAMEY, JAMES	FLIGHT PARAMEDIC	PMD533284	12/1/2026	RN9673936	07/31/2026
SHANE, DAVID	FLIGHT NURSE	PMD10935	12/1/2026	RN2163452	4/30/2026
SWARTZ,BRIAN	FLIGHT PARAMEDIC	PMD14735	12/1/2026		
SCHAFFER, MICHAEL	FLIGHT PARAMEDIC	PMD526041	12/1/2026		
LAFEMINA,JIM	FLIGHT PARAMEDIC	PMD527161	12/1/2026		
MORTON,BILL	FLIGHT PARAMEDIC	PMD532100	12/1/2026		
SMITH,LAURA	FLIGHT NURSE	PMD532341	12/1/2026	RN9383641	4/30/2026
STINES, BRIAN	FLIGHT NURSE			RN9336125	4/30/2027
KISSEL, BRANDON	FLIGHT NURSE			RN9596538	04/30/2027
MARCZYNSKI, KIM	FLIGHT NURSE	PMD539264	12/1/2026	RN9338588	04/30/2027



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# **Fictitious Name Detail**

#### **Fictitious Name**

**BAYFLITE** 

### **Filing Information**

Registration Number G22000067935

StatusACTIVEFiled Date06/02/2022Expiration Date12/31/2027

Current Owners 1

County MULTIPLE

Total Pages 1
Events Filed NONE
FEI/EIN Number 87-0533822

### **Mailing Address**

5500 S QUEBEC ST, SUITE 300

ATTN: TAX DEPT

GREENWOOD VILLAGE, CO 80111

#### **Owner Information**

ROCKY MOUNTAIN HOLDINGS, LLC 5500 S QUEBEC ST, SUITE 300 GREENWOOD VILLAGE, CO 80111 FEI/EIN Number: 87-0533822 Document Number: M95000000020

#### **Document Images**

06/02/2022 -- Fictitious Name Filing

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**No Filing History** 

Florida Department of State, Division of Corporations

#### 2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M95000000020

Entity Name: ROCKY MOUNTAIN HOLDINGS, L.L.C.

FILED
Mar 05, 2025
Secretary of State
4570811246CC

#### **Current Principal Place of Business:**

5500 SOUTH QUEBEC STREET GREENWOOD VILLAGE, CO 80111

#### **Current Mailing Address:**

5500 SOUTH QUEBEC STREET GREENWOOD VILLAGE, CO 80111 US

FEI Number: 87-0533822 Certificate of Status Desired: No

#### Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

**Electronic Signature of Registered Agent** 

Date

#### **Authorized Person(s) Detail:**

Title MANAGER

Name AIR METHODS, LLC

Address 5500 SOUTH QUEBEC STREET

City-State-Zip: GREENWOOD VILLAGE CO 80111

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JONATHAN COOK

VICE PRESIDENT

03/05/2025



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/19/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	•	ueb endergement(s)	Orsement. A sta	atement on
this certificate does not confer rigi	hts to the certificate holder in lieu of s			
PRODUCER		NAME: WTW Certificate Center		
Willis Towers Watson Insurance Ser	rvices West, Inc.	PHONE 1_077_045_7270	FAX 1-888	-467-2378
c/o 26 Century Blvd		(A/C, NO, EXT):	(A/C, No):	
P.O. Box 305191		ADDRESS: certificates@wtwco.com		
Nashville, TN 372305191 USA		INSURER(S) AFFORDING COVERAGE		NAIC#
		INSURER A: Lexington Insurance Company		19437
INSURED		INSURERB: Illinois Union Insurance Comp	pany	27960
Air Methods Corporation, Tri-State		INSURER C :		
associated, subsidiary, affiliated				
managed, owned, or controlled compa	nies or entities thereof	INSURER D:		
5500 S. Quebec St., Ste #300		INSURER E:		
Greenwood Village, CO 80111		INSURER F:		
COVERAGES	CERTIFICATE NUMBER: W40357456	REVISION NU	MBER:	
THIS IS TO CERTIFY THAT THE POLICE	CIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABO	VE FOR THE POL	ICY PERIOD
INDICATED. NOTWITHSTANDING ANY	REQUIREMENT, TERM OR CONDITION	OF ANY CONTRACT OR OTHER DOCUMENT WIT	H RESPECT TO \	WHICH THIS
CERTIFICATE MAY BE ISSUED OR M	IAY PERTAIN, THE INSURANCE AFFORD	ED BY THE POLICIES DESCRIBED HEREIN IS SU	JBJECT TO ALL T	THE TERMS,
EXCLUSIONS AND CONDITIONS OF SU	UCH POLICIES. LIMITS SHOWN MAY HAV	E BEEN REDUCED BY PAID CLAIMS.		
INSR TYPE OF INCUPANCE	ADDL SUBR	POLICY EFF POLICY EXP	LIMITO	

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	X COMMERCIAL GENERAL LIABILITY  X CLAIMS-MADE OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 25,000
A							MED EXP (Any one person)	\$ 5,000
				6799503	04/27/2025	04/27/2026	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 1,000,000
	Y POLICY JECI LOC						PRODUCTS - COMP/OP AGG	\$ 1,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
A	Medical Professional Liability			6799503	04/27/2025	04/27/2026	Aggregate Limit	\$1,000,000
	& Prod./Com. Ops Liab						Each Claim	\$1,000,000
							Each Claim Deductible	\$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Complete Named Insured:

Air Methods LLC and its affiliates including all wholly owned entities LLC's, subsidiaries, affiliated, associated controlled or allied companies, corporations, or firms as now of hereafter constituted for which the Named Insured has responsibility for placing insurance and for which similar coverage is not otherwise or more specifically provided.

SEE ATTACHED

CERTIFICATE HOLDER	CANCELLATION
Picelles Guerte A Political	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Pinellas County, A Political Subdivision of the State of Florida	AUTHORIZED REPRESENTATIVE
400 S Fort Harrison Ave Bayflite CIO 2025 Clearwater, FL 33774	
Clearwater, In 33//4	

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BATCH: 4130532

AGENCY CUSTOMER ID:	
LOC#:	



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

NAIC#: 27960

Willis Towers Watson Insurance Services West, Inc.		NAMED INSURED Air Methods Corporation, Tri-State Care Flight, LLC and/or any associated, subsidiary, affiliated,		
POLICY NUMBER		managed, owned, or controlled companies or entities thereof 5500 S. Quebec St., Ste #300		
CARRIER	NAIC CODE	Greenwood Village, CO 80111		
See Page 1		EFFECTIVE DATE: See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: Illinois Union Insurance Company

TYPE OF INSURANCE: LIMIT DESCRIPTION: LIMIT AMOUNT: Excess Med. Professional Each Claim \$7,000,000

Aggregate \$7,000,000

INSURER AFFORDING COVERAGE: Lexington Insurance Company NAIC#: 19437

TYPE OF INSURANCE: LIMIT DESCRIPTION: LIMIT AMOUNT:

Excess Med. Professional Aggregate \$4,000,000
Each Claim \$4,000,000

SR ID: 28490778

BATCH: 4130532

CERT: W40357456



# Willis Towers Watson Northeast, Inc. d/b/a Willis Aerospace

200 Liberty Street, 6th Floor New York, NY 10281

#### CERTIFICATE OF INSURANCE

This is To Certify To:

Pinellas County 12490 Ulmerton Road Largo, FL 33770

(Sometimes referred to herein as the Certificate Holder(s))

That the insurers listed, each for their own part, and not one for the other, are providing the following insurance:

NAMED INSURED Air Methods LLC, et al, and Enchantment Aviation, Inc. dba Southwest Air Ambulance, dba Southwest Med

Evac, CHPPR Holdings Inc., CHPPR GuarantorCo Inc., CHPPR MidCo Inc., CHPR AcquisitionCo Inc., ASP AMC Intermediate Holdings, LLC, Air Methods Telemedicine, LLC, AirMD, LLC, dba LifeSave, dba LifeSave Kupono, and/or any associated, subsidiary, affiliated, managed, owned or controlled companies or entities

appearing above, or any company or entity for whom the Insured has agreed to be responsible for.

ADDRESS 5500 S. Quebec St., Suite 300

Greenwood Village, CO 80111

COVERAGES Aircraft Hull and Liability and Aviation General Liability Insurance

TERRITORY Worldwide

POLICY PERIOD July 1, 2025 to July 1, 2026 on both dates at 12:01 AM LST

**EQUIPMENT** Any and all aircraft operated by the Named Insured including the aircraft specifically listed on the

Fleet and/or Equipment Schedule below.

INSURERS Starr Indemnity & Liability Company and other US and Lloyds Companies – 100% (For more detailed

SECURITY (the "Insurers") information, please see Addendum 0001)

LIMITS OF LIABILITY	
Aircraft Liability	
and Aviation General Liability	
Combined Single Limit for Bodily Injury, Personal Injury and/or Property Damage:	USD \$50,000,000 per occurrence. Personal Injury is sub limited to USD \$25,000,000 any offense and in the aggregate.
including AVN52 (War Liability), the sublimit is:	USD \$50,000,000 per occurrence and in the aggregate, except with respect to passengers which the full policy limit to apply (this limit is included within the policy limit and not in addition to).
Additional Coverages:	NA



#### **SPECIAL PROVISIONS**

Subject always to the scope of the policies noted above and all the policies' declarations, insuring agreements, definitions, terms, conditions, limitations, exclusions, deductibles, warranties and endorsements thereof remaining paramount: Solely as respects: (i) The Coverage(s) noted above; (ii) the Contract(s) (and then only to the extent of the Named Insured's obligation to provide insurance under the terms of the Contract(s)); and (iii) the operations of the Named Insured; the following provision(s) apply(ies):

The use of the terms "Additional Insured" / "Additional Insureds", when used in the context of coverages other than Liability Coverage(s), are solely for the purpose of identifying parties and does not, by virtue of the use of these terms, convey any benefits or rights not provided for under the policies.

Solely as respects Liability Coverage(s) and Solely when Required by Contract: Certificate Holder(s) is/are included as Additional Insureds (collectively, the Additional Insureds, individually, an Additional Insured) as their respective interests may appear, warranted no operational interest. The insurance extended by this policy shall not apply to, and the Certificate Holder shall not be insured for bodily injury or property damage which arises from the design, manufacture, modification, repair, sale, handling or servicing of the aircraft by the Certificate Holder.

F	-lee	t and	or Ed	ıiut	oment	: Sc	hedule

NA

#### **Additional Notes**

Named Insured Includes: Rocky Mountain Holdings LLC dba Bayflite



Equipment Certificate of Insurance: agreed termination of the Named Insured's and/or the Certificate Holder(s) insurable interest in the relating to those Certificate Holder(s) who have an insurable interest in the Equipment as of the date of issuance of this As respects each Certificate Holder(s) respective interests, this Certificate of Insurance shall automatically terminate upon the earlier of: (i) Policy expiration; (ii) Cancellation of the policies prior to policy expiration, as notified to the Certificate Holder(s) as required herein; (iii) agreed termination of the Contract(s); and/or in the case of physical damage insurance

upon the Certificate Holders as regards the insurances other than those provided by the policies. The undersigned has been authorized by the above insurers to issue this certificate on their behalf and is not an insurer and has no liability of any sort This Certificate of Insurance is issued as summary of the insurances under the policies noted above and confers no rights under the above policies as an insurer as a result of this certification.

Date of Issue:

July 1, 2025

Hilary Wheatley, Authorized Representative Willis Towers Watson, Northeast, Inc. - Aerospace CertificateRequestAirMethods@wtwco.com

Hilay Wheatley



September 19, 2025

Lynn Abbott Administrative Support Specialist II Pinellas County EMS and Fire Administration 12490 Ulmerton Rd. Suite 134 Largo, FL 33774

#### Dear Mrs Abbott,

The following fee schedule is posted here to comply with county COPCN requirements. However, the rates do not represent what the vast majority of patients ultimately pay. We are a network provider with Medicare, Medicaid, and other Managed Care Organizations. For each of these contractual arrangements, the reimbursement is below the rates set below. In addition, any patient responsibility will be determined by the applicable health insurer.

• Liftoff: \$52,453.17

Loaded Mileage: \$630.44/milePer transport Cap: \$96,699.00

Sincerely,

James Berg

West Florida Area Manager

Southeast Region

Air Methods Corporation

James.berg@airmethods.com

610-248-9758